

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____

2 Serial/Patent # 10/517852

3 Please refund the following fee(s):

	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$ 50
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal	REFUND COMPLETED PCT NATIONAL DIVISION		\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND

50

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

50-0220

10 REASON:

<input checked="" type="checkbox"/> Overpayment		Treasury Check
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:
<input type="checkbox"/> No Fee Due (Explanation)	PCT NATIONAL DIVISION, REFUND COMPLETED	<u>50-0220</u>

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Jamaica Holland

TITLE: Paralegal

SIGNATURE: J. Holland

PHONE: 703-308-9140

OFFICE: PCT

X209

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/517852 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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